



CALIFORNIA
TRAVEL TRAILER APPLICATION
Rated A - Excellent, California Admitted Carrier



UNION GENERAL
INSURANCE SERVICES, INC.
P.O. Box 6555
Concord, CA 94524
(925) 671-2128 or (800) 427-8447
Fax: (925) 671-0171
License #0595325

NAMED INSURED

Name _____
Address _____
City _____ State _____ Zip _____
County _____
Phone _____
Garaging or location (if different): _____
Occupation _____
____ Married ____ Single/Separated Birthdate _____

ADDITIONAL INSURED

Name _____
Address _____
City _____ State _____ Zip _____

REQUESTED POLICY TERM

From _____ To _____ Policy Term ____ Months

For coverage to begin as requested, the application must be fully completed, signed and mailed within 48 hours of the effective date, otherwise coverage is bound 12:01 A.M. the day received by the General Agent. No coverage may be bound or increased within 72 hours of the announcement of an impending disaster. i.e. hurricane, volcanic eruption, earthquake, flood, mudslide, brushfire, etc.

PRODUCER

Name _____
Address _____
City _____ State _____ Zip _____
Phone No. () _____ Code No. _____

LIENHOLDER

Name _____
Address _____
City _____ State _____ Zip _____
Loan # _____

DESCRIPTION OF TRAVEL TRAILER

Serial Number	Width	Length	Year	Manufacturer/Model	Purchase Year	Purchase Price	Current Value
						\$	\$

Type of Unit* ____ Travel Trailer ____ Camping Trailer ____ Fifth Wheel ____ Truck Mounted

TRAVEL TRAILER PACKAGE INCLUDES

1. Personal Effects in the amount indicated in the Rate Chart
2. Fire Department Service Charge
3. Emergency Vacation Expense Coverage
4. Towing and Labor Costs Coverage
5. Scheduled Medical Benefits Coverage
6. \$100 Deductible
7. Worldwide Coverage

COVERAGE

AMOUNT

PREMIUM

Travel Trailer Package	\$	\$
Personal Effects	10%	Inc.
OPTIONAL COVERAGE'S		
Add'l P.E. - \$1 per \$100	\$	\$
Vacation Liability - \$10	10%	\$
Secured Interest Protection - \$15		\$
Personal Effects		\$ 35
Minimum Written And Retained - \$35	TOTAL PREMIUM	\$

Travel Trailer Value	Personal Effects	Package Premium	Travel Trailer Value	Personal Effects	Package Premium
0—2,000	200	49	10,001—11,000	1100	260
2,001—3,000	300	73	11001—12,000	1200	284
3,001—4,000	400	96	12,001—13,000	1300	308
4,001—5,000	500	119	13,001—14,000	1400	331
5,001—6,000	600	143	14,001—15,000	1500	355
6,001—7,000	700	167	15,001—16,000	1600	378
7,001—8,000	800	190	16,001—17,000	1700	402
8,001—9,000	900	214	17,001—18,000	1800	425
9,001—10,000	1000	238	18,001—19,000	1900	448
			19,001 & Over	Add per \$1,000	\$30

I hereby declare that the information provided on this application is true, complete and correct. I agree that this application shall constitute a part of any policy issued whether attached or not and any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

Applicant's Signature X _____ Date _____
Agent's Signature X _____ Date _____

PRIVACY POLICY

I have received and read a copy of the "Aegis Security Insurance Company Privacy Statement". By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Aegis Security Insurance Company and/or other members of the Aegis Group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Aegis Group to issue, review, and renew the insurance for which I am applying.

Producer's Signature _____ Date _____

Applicant's Signature _____ Date _____

Great Mobile Home Programs available through Aegis Security For units in:

- *Preferred Parks**
- *Standard Parks**
- *Private Property**

- Options**
- Flood and/ or Earthquake**
- Replacement cost- new for old**

Also, coverage is available for Seasonal, Rentals, and Vacants.

Please note: **Outstanding Estate Program NOW AVAILABLE.**

If you have any questions, please call us at 1-800-427-8447